

Division of Corporations

5/2/21, 10:19 AM

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850)617-6381

## From:

Account Name : LEADER ASSOCIATES LLC  
Account Number : I20180000056  
Phone : (954)998-3963  
Fax Number : (954)697-0359

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
Fossati LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

T. BURCH

JUN 3 2021

DocuSign Envelope ID: AB2E90A5-5D8C-4A75-887A-C1D4E6F2098A

**ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY****ARTICLE I – NAME**

The name of the Limited Liability Company shall be

**FOSSATI LLC**

**ARTICLE II – ADDRESS**

The Principal street address of the Limited Liability Company shall be

**12095 LAKE TRAIL LN**

**PARKLAND, FL 33076**

The Mailing address of the Limited Liability Company shall be

**SAME AS PRINCIPAL**

2021 JUN -2 AM 8:18  
TALLAHASSEE, FLORIDA

**ARTICLE III – REGISTERED AGENT**

The name and Florida street address (PO BOX not acceptable) of the Registered Agent are

**RAFAELA FOSSATI**

**12095 LAKE TRAIL LN**

**PARKLAND, FL 33076**

*Having been named as Registered Agent and to accept service of process for the above Limited Liability Company at the place designated in this Certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent for in Chapter 605, F.S.*

DocuSigned by:



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Registered Agent (Signature)

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**ARTICLE IV – MANAGERS**

The name and address of each person authorized to manage and control the Limited Liability Company shall be

Name: **RAFAELA FOSSATI**

Title: **MGR**


Address: **12095 LAKE TRAIL LN**

**PARKLAND, FL 33076**

**ARTICLE V – EFFECTIVE DATE**

Effective date shall be the **filling date**.

**REQUIRED SIGNATURE:**

DocuSigned by:  
  
FF590C7C12904FB...  
**RAFAELA FOSSATI - Member or AMBR**

6/2/2021

Date

2021 JUN -2 AM 8:18  
Seal of the State of Florida  
TALLAHASSEE, FLORIDA